

# Carlson Building Maintenance

## Backpay Form

01-18-2026

### Backpay Form

Employee name: Delma Judith Camaja Ajualip Employee number: 15884

#### Missed Pay (to be added through the employee's next generated check):

Date:	In:	Left for lunch:	Return from lunch:	Out:	Total hours:
01-01-2026	11:00 PM	No Time	No Time	04:30 AM	5.00 hrs

**Location:** 218 Meijer West Bend WI

**Reason this pay was missed:** The phone wasn't working but never informed the manager

**\*\*Signature/Approval - Please make sure to sign and print your name before turning in this form.**

Joe Schaeppi  
Manager

  
Manager Signature

01-18-2026  
Date